

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists All Prescribers	Memorandum No: 05-111 MAA Issued: December 14, 2005
From: Douglas Porter, Assistant Secretary Health and Recovery Services Administration (HRSA)	For information call: 1-800-562-3022 or go to http://maa.dshs.wa.gov/pharmacy/
Subject: Prescription Drug Program: Eligibility Criteria and Authorization Requirements for Administering Synagis®.	

Effective for claims with dates of service on and after December 1, 2005, prescribers must follow the eligibility criteria and authorization requirements included in this memorandum when administering Synagis®.

When is the Respiratory Syncytial Virus (RSV)/ Synagis® Season?

Health and Recovery Services Administration (HRSA) has identified December 1 through April 30 of each year as the RSV/Synagis® season. By monitoring laboratories throughout the state, HRSA keeps up to date on RSV incidences and will notify providers if any changes are made to this timeframe.

Who is eligible to receive Synagis®?


HRSA follows the *American Academy of Pediatrics Guidelines* (revised June 2003)(AAP) for administering Synagis®. These guidelines apply to children under fee-for-service programs. For managed care clients, consult the appropriate managed care organization to find out their requirements for administering Synagis®.

Eligibility for Synagis® varies depending on the child's age at the start of RSV season. Eligible clients who meet the following criteria are eligible to receive Synagis® during the months listed above. According to the guidelines, use of Synagis® for RSV prophylaxis is appropriate for children who:

- Are younger than 2 years of age with Chronic Lung Disease (CLD) who have required any of the following medical therapies for CLD within 6 months prior to the start of the RSV season:
 - ✓ Supplemental oxygen;
 - ✓ Bronchodilator;
 - ✓ Diuretic; or
 - ✓ Corticosteroid therapy.

Are younger than 2 years of age and require daily respiratory treatments for conditions that adversely affect respiratory function such as:

- ✓ Neuromuscular conditions; or
- ✓ Gastroesophageal reflux disease with recurrent aspiration.

 Note: Children less than 2 years old who have asthma, and are on daily inhaled steroid therapy, but have persistent symptoms will require an evaluation by an asthma specialist prior to authorization for Synagis®.

- Are born at less than 29 weeks gestation (28 6/7th weeks) and are younger than 12 months of age.
- Are born between 29 weeks, zero days and 32 weeks, zero days of gestation (29 0/7th to 32 0/7th weeks) and are younger than 6 months of age.
- Are born between 32 weeks, 1 day and 35 weeks, zero days of gestation (at 32 1/7th to 35 0/7th weeks) and are younger than 6 months of age and who have **2 or more** of the following risk factors:
 - ✓ Child care attendance;
 - ✓ School-aged siblings;
 - ✓ Exposure to environmental air pollutants (e.g., tobacco smoke);

Note: Commentary from *AAP 2003 Guidelines* indicates that risk factors that can be controlled by the family of an infant at increased risk of RSV disease and preventive measures will be far less costly than palivizumab prophylaxis.

- ✓ Congenital abnormalities of the airways; or
- ✓ Severe neuromuscular disease;

or with one or more the following risk factors recognized by HRSA:

- ✓ Native American Indian/Alaska Native; or
 - ✓ Severe social disarray such as homeless parents, illicit drug use, etc.
- Are younger than 2 years (24 months) of age and have hemodynamically significant acyanotic or cyanotic congenital heart disease.
 - Are younger than 1 year (12 months) of age with congenital heart disease, who are receiving medication to control congestive heart failure, with moderate to severe pulmonary hypertension, or with cyanotic heart disease.

What is the prior authorization process for administering Synagis®?

When prior authorization is required for administering Synagis®, use the same prior authorization (PA) process as other medications requiring PA.

When is prior authorization for Synagis® required?

Whether or not PA is required for the administration of Synagis®, depends on the child's age at the start of the RSV season.

- **Children under 1 year of age through the RSV season**
 - ✓ Physicians will adhere to AAP Guidelines for appropriate use.
 - ✓ No PA is required.
 - ✓ Physicians and pharmacies are not required to submit any paperwork or otherwise obtain pre-approval for administering Synagis®.
 - ✓ Bill as usual. No authorization number is required for payment.
- **Children turning 1 year of age during RSV season**
 - ✓ If the child turns 1 year of age during the RSV season, PA is required before continuing to administer Synagis®.
 - ✓ If the child has already started Synagis® therapy during season, the request to continue must be submitted on **form DSHS 13-770 (11/2005)** by faxing to (360) 725-2122. Authorization will automatically be granted, but documentation is necessary to approve appropriate dosages for the remainder of the season.
 - ✓ If Synagis® therapy has **not** been started **prior** to the child's first birthday, see guidelines for Clients between 1 and 2 years of age at the beginning of RSV season.
- **Children between 1 and 2 years of age at the beginning of RSV season:**
 - ✓ PA is required. Please submit request on **form DSHS 13-771 (11/2005)** via fax to (360) 725-2122.
 - ✓ PA requests are evaluated by HRSA physicians using the previously outlined criteria.
 - ✓ HRSA notifies the requesting provider directly via fax of authorization or denial. Allow 3 business days for processing.
 - ✓ HRSA **no longer** sends approval letters to the client's family.

✓ **Children older than 2 years of age at the start of RSV season:**

HRSA will **not** authorize administration of Synagis[®] for children over 2 years of age.

• **Children 1 year of age and older whose weight changes during RSV season require prior authorization:**

✓ The quantity of Synagis[®] authorized for administration depends on the child's weight at the time of administration.

✓ If the child's weight changes during the RSV season, providers **must request** an update to their authorization for an appropriate quantity of Synagis[®] by submitting a request on **form DSHS 13-770 (11.2005)** via fax to (360) 725-2122.

How do I get prior authorization for administering Synagis[®] ?

Call HRSA's Pharmacy Authorization staff at (800) 848-2842 (option 1) for all questions or concerns regarding Synagis[®], or you may fax your request **form DSHS 13-771 (11/2005)** to (360) 725-2122.

When calling or faxing the Pharmacy Authorization staff, have the following information ready:

- NABP# (for filling pharmacies);
- DSHS Provider # (for administering physician's office);
- Client's DSHS Patient Identification Code (PIC);
- Client's current weight and/or projected weight for the scheduled dates of administration; and
- Name of prescribing physician.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.